

Work Order ID 99630-1

July-18-13 10:57:57 AM

646.3713

99630-1

Page 1

Item ID: 646.3713

B 99630 - 1 Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: GUSSET

Stop

NS2

Start Date: 7/18/13 Start Qty: 10.00

10

Cust Item ID:

Required Date: 7/19/13 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

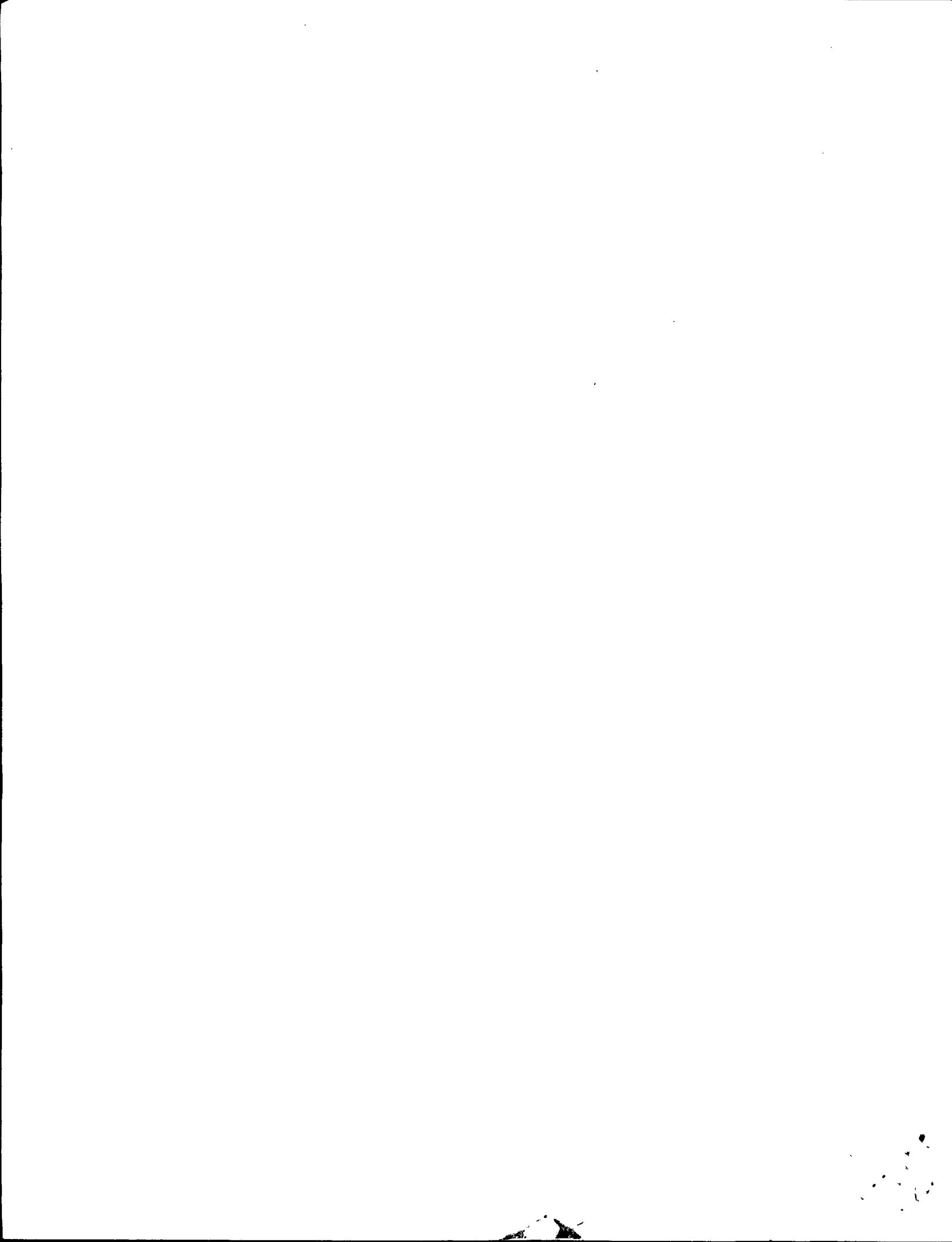
Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
646.3700	A								
110		0.00							
110									
Waterjet	Memo	0.00							
FLOW CNC Waterjet	1-Cut as per Dwg Dwg Rev: _____ Prog Rev: _____								
	2-Deburr if necessary								
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
120									
QC	Memo	0.00							
Quality Control									

See 99630 ATTACHED
closed in error

✓



Work Order ID 99630-1

July-18-13 10:57:57 AM

99630-1

Page 2

Item ID: 646.3713

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: GUSSET

Stop

NS2

Start Date: 7/18/13 Start Qty: 10.00

10

Cust Item ID:

Required Date: 7/19/13 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:	Stop		*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

130 QC8- Inspect parts - second check

0.00

130

QC

Quality Control

0.00

140 Bend as per dwg

0.00

140

Brake NC

Brake NC

Memo

0.00

150 QC5- Inspect part completeness to step on W/O

0.00

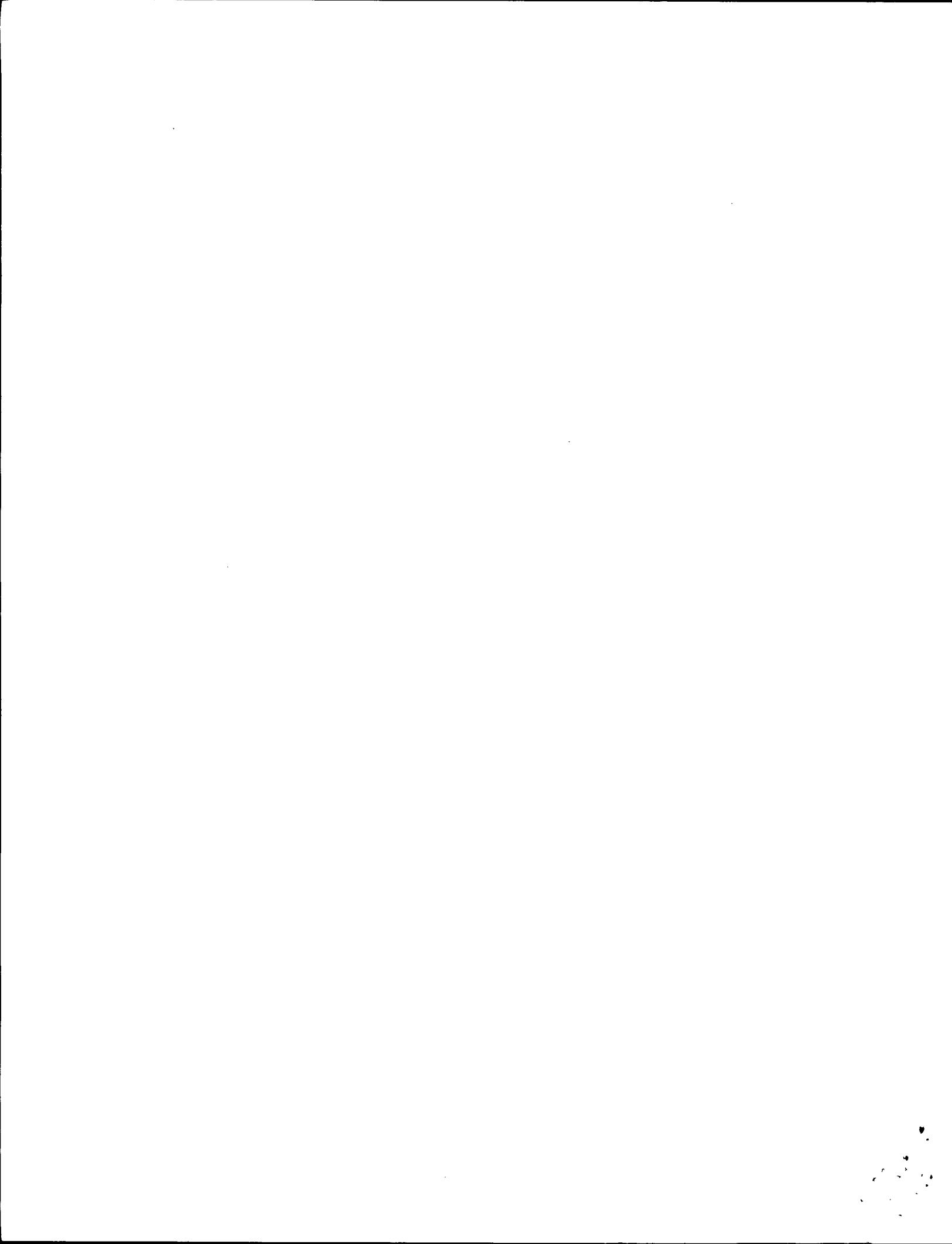
150

QC

Quality Control

Memo

0.00



Work Order ID 99630-1

July-18-13 10:57:57 AM

99630-1

Page 3

Item ID: 646.3713

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: GUSSET

Stop

NS2

Start Date: 7/18/13

Start Qty: 10.00

10

Cust Item ID:

Required Date: 7/19/13

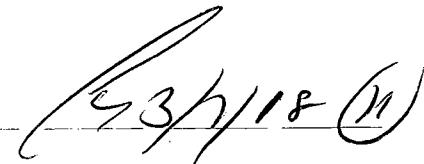
Req'd Qty: 10.00

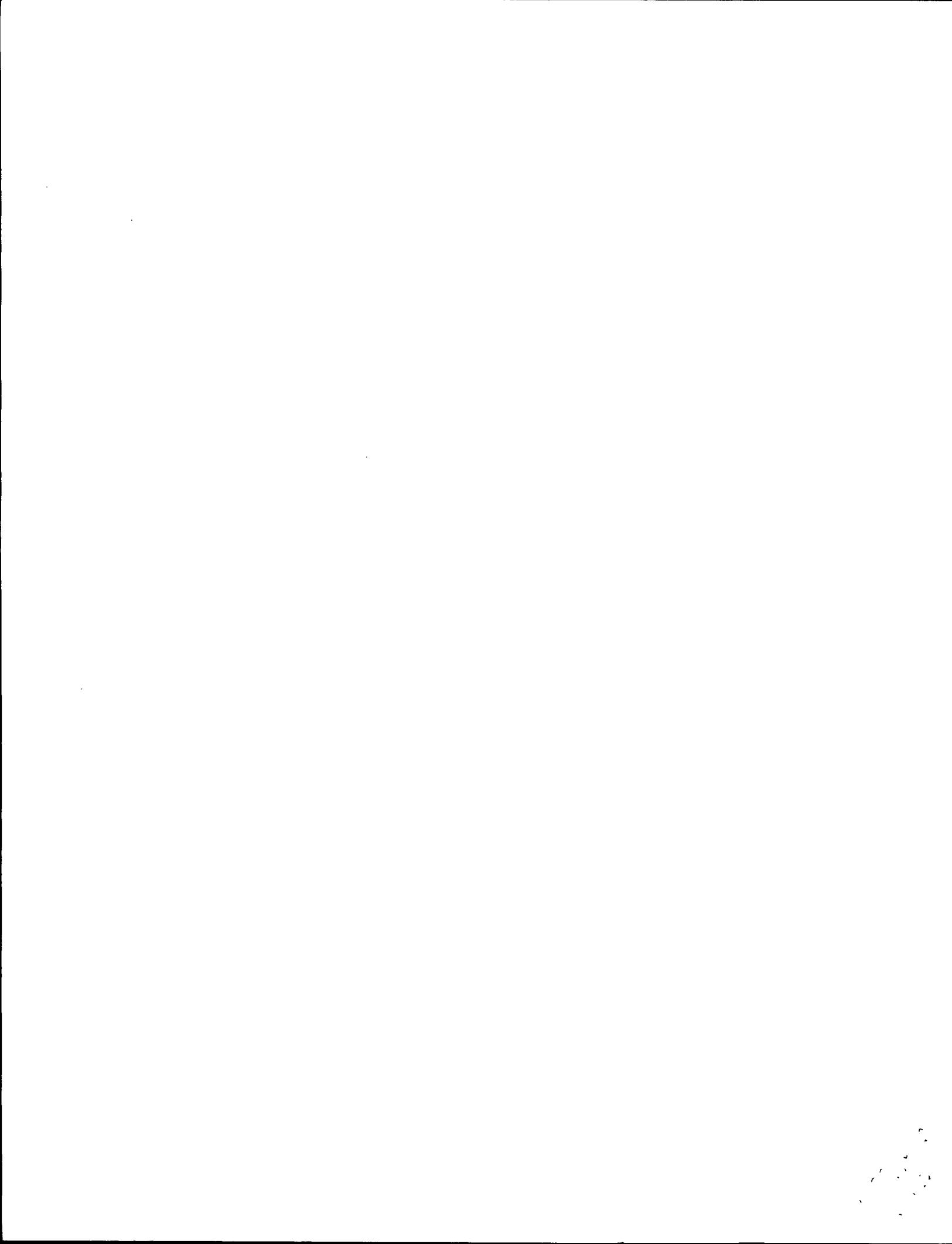
10

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:	Stop		*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160 *160* Outsource4	Outsource process-Anodize per QSI017 4.1.10.1	0.00							
Outsource process - Anodize	Memo	0.00							
	Issue P/O to ATG : <u>20210</u>								
	1- Black Anodize as per Dwg 646.3700								
	2- PRIME AS PER DWG, SEE NOTE #2								
	Certification of Conformity is required								
170 *170* Packaging	Receive & Inspect for Damage & Mat'l Certs	0.00							
Packaging	Memo	0.00							
180 *180* QC	QC5- Inspect part completeness to step on W/O	0.00							
Quality Control	Memo	0.00							



Work Order ID 99630-1

July-18-13 10:57:57 AM

99630-1

Page 4

Item ID: 646.3713

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: GUSSET

Stop

NS2

Start Date: 7/18/13 Start Qty: 10.00

10

Cust Item ID:

Required Date: 7/19/13 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

210

Identify as per dwg & Stock Location:

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

210

Packaging

Memo

0.00

11X

SP
13-7-23

Packaging

***IDENTIFY AS PER APICAL MPP-120 BY STAMPING THE P# AND
REV***

220

QC21- Final Inspection - Work Order Release

0.00

13/7/24 AF

220

QC

Memo

0.00

Quality Control

W130713



Picklist Print

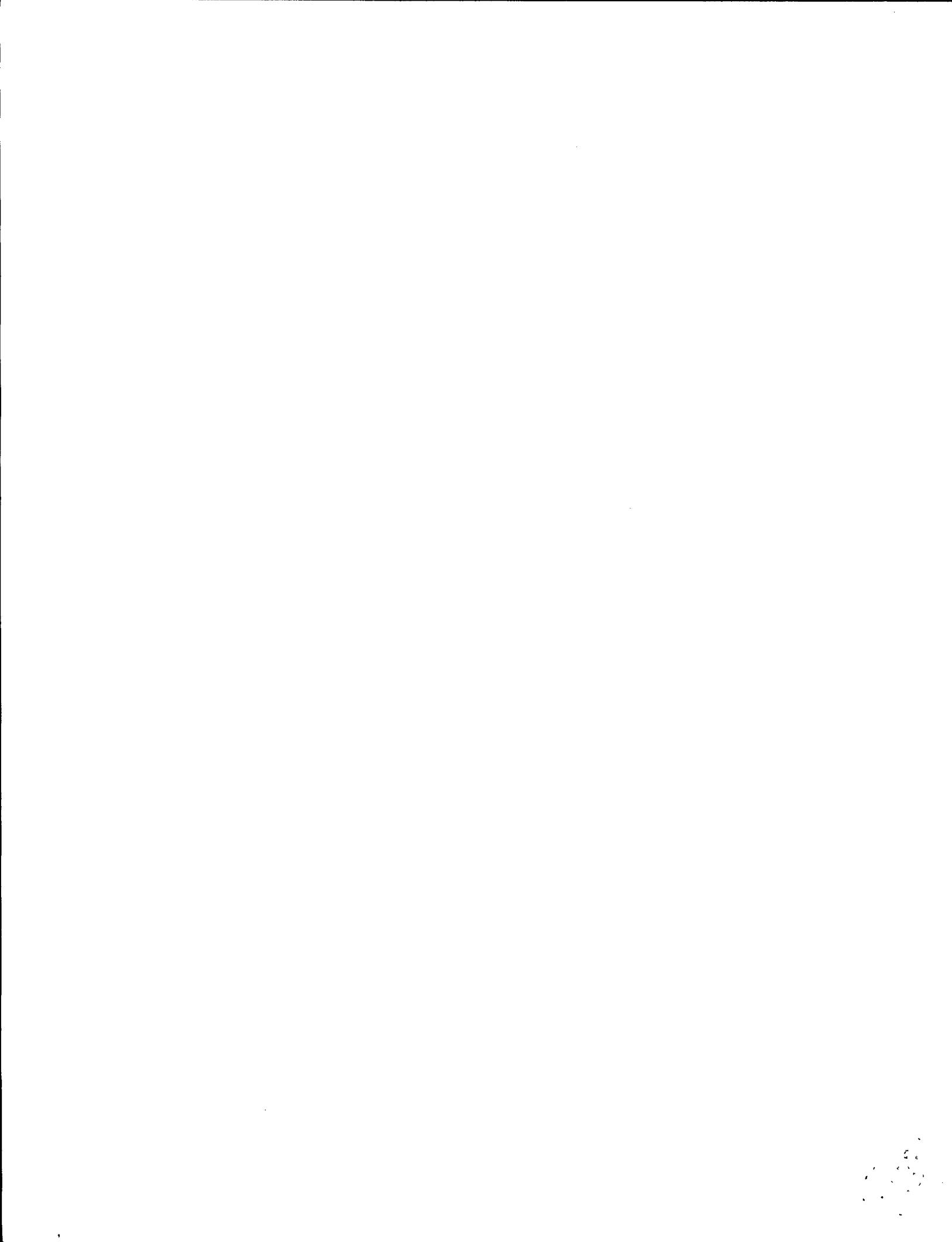
July-18-13 10:57:57 AM

Page 1

Work Order ID: 99630-1**Parent Item:** 646.3713**Start Date:** 7/18/13**Required Date:** 7/19/13**Parent Item Name:** GUSSET**Start Qty:** 10.00**Required Qty:** 10.00**Comments:** IPP REV:A 12.10.22 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M6061T6S.063 6061-T6 .063 Sheet		Purchased	No			110	sf	490.3755	0.299	3.1473684			

Location	Loc Qty	Loc Code
MAT021	490.3755	
I23135	120.2625	
I24003	75.113	
I25431	7	
M126075	288	



Work Order ID 99630

99630

Page 1

April-11-13 2:26:08 PM

Item ID: 646.3713

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Gusset

Stop

NS2

Start Date: 5/24/13

Start Qty: 10.00

10

Cust Item ID:

Required Date: 5/24/13

Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan:

H

Date: 130410

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
646.3700	A	0.00							
110									
110 Waterjet	Memo	0.00							
FLOW CNC Waterjet	1-Cut as per Dwg Dwg Rev: <u>A</u> Prog Rev: <u>A</u>								
	2-Deburr if necessary								
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
120 QC	Memo	0.00							
Quality Control									

12 0

Jm13-4-18

12 0

Jm13-4-18

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS								
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>						
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>						
				Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>								
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

Work Order ID 99630

99630

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Page 2

Item ID: 646.3713

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Gusset

Stop

NS2

Start Date: 5/24/13 Start Qty: 10.00 *10*

Cust Item ID:

Required Date: 5/24/13 Req'd Qty: 10.00 *10*

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID



Operation
Description

130

QC8- Inspect parts - second check

130

QC

Quality Control

140

140

Brake NC

Brake NC

Memo

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

0.00
DAS
27
28

0.00
13419

10

140 Bend as per dwg

0.00

0.00

11 →

PTO

88/13/23

150

150

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00
DAS
27
28

0.00
13423

11

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date: 13/08/06QA Closed: Date: 13/8/11

Work Order: <u>99630</u>	DISPOSITION	AGAINST DEPARTMENT/PROCESS					
Part No. <u>3646-3713</u>	Rework <input type="checkbox"/> Scrap <input checked="" type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input checked="" type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>		
NCR No. <u>13-2903</u>							

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup	13/04/23	140	1	1 part scrap out of tolerance at the set - up QTY ①	DAS 16 QS2042 B00123	Scrap - destroy w/s replace	SB 27 13/04/23	DAS 27 13/04/23	DAS 16 QS2042 13/04/23
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY									
Landing Gear			General						
			<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced			
			<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure			
			<input type="checkbox"/> Cracks	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld			
			<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled			
			<input type="checkbox"/> Cuffs	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved				
			<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong				
			<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Other			
			<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Offset					
			<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Out of Calibration					
			<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Out of Sequence					
			<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Outside Dimensions					

Work Order ID 99630

99630

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Item ID: 646.3713

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Gusset

Stop

NS2

Start Date: 5/24/13

Start Qty: 10.00

10

Cust Item ID:

Required Date: 5/24/13

Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

160

160

Outsource4

Outsource process - Anodize

Outsource process-Anodize per QSI017 4.1.10.1

0.00

CD 13/06/18

Memo

0.00

ISSUE P/O: 20215

HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)

170

170

Packaging

Packaging

Receive & Inspect for Damage & Mat'l Certs

0.00

Memo

0.00

13/06/18 (11)

180

180

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

0.00
21
11

13218

11

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
			Rework	<input type="checkbox"/>	Skid-tube	<input type="checkbox"/>	Crosstube	<input type="checkbox"/>	Water Jet	<input type="checkbox"/>	Engineering
			Scrap	<input type="checkbox"/>	Machining	<input type="checkbox"/>	Small Fab	<input type="checkbox"/>	Prod. Eng. Coor.	<input type="checkbox"/>	Quality
			Use-as-is	<input type="checkbox"/>	Thermoforming	<input type="checkbox"/>	Finishing	<input type="checkbox"/>	Rec/Store/Packaging	<input type="checkbox"/>	Other
			Work Order Update	<input type="checkbox"/>	Large Fab	<input type="checkbox"/>	Composite	<input type="checkbox"/>	Supplier	<input type="checkbox"/>	
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear	General										
	Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced		
	Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure		
	Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld		
	Crushed/Crimped	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled		
	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>			
	Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabelled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>			
	Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Other		
	Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>		<input type="checkbox"/>			
	Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>			
	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>			
	Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>			

Work Order ID 99630

99630

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April-11-13 2:26:08 PM

Item ID: 646.3713

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Gusset

Stop

NS2

Start Date: 5/24/13

Start Qty: 10.00

10

Cust Item ID:

Required Date: 5/24/13

Req'd Qty: 10.00

10

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

190

10

SprayPaint

Spray Painting

Memo

0.00

CD 13/06/158

PRIME IAW MIL-P-23377J TYPE1 CLASS N AS PER DWG. (SEE NOTE 2)

CARDINAL 4860-50 PRIMER BATCH: 125452

200

200

QC

Quality Control

QC14- Inspect Spray Paint

QC4

Memo

0.00

AS
21
28

B6 18

10

210

Identify as per dwg & Stock Location: 0.00

210

Packaging

Packaging

Memo

0.00

***IDENTIFY AS PER APICAL MPP-120 BY STAMPING THE P# AND
REV***

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS							
			Rework	<input type="checkbox"/>	Skid-tube	<input type="checkbox"/>	Crosstube	<input type="checkbox"/>	Water Jet	<input type="checkbox"/>	Engineering	
			Scrap	<input type="checkbox"/>	Machining	<input type="checkbox"/>	Small Fab	<input type="checkbox"/>	Prod. Eng. Coor.	<input type="checkbox"/>	Quality	
			Use-as-is	<input type="checkbox"/>	Thermoforming	<input type="checkbox"/>	Finishing	<input type="checkbox"/>	Rec/Store/Packaging	<input type="checkbox"/>	Other	
			Work Order Update	<input type="checkbox"/>	Large Fab	<input type="checkbox"/>	Composite	<input type="checkbox"/>	Supplier	<input type="checkbox"/>		
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector	
Doc/Data												
Equip/Tooling												
Operator												
Material												
Setup												
Other												
Process												
Supplier												
Training												
Unapproved												
FAULT CATEGORY												
Landing Gear	General											
	Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced			
	Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure			
	Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld			
	Crushed/Crimped.	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled			
	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>				
	Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>				
	Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Other			
	Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>		<input type="checkbox"/>				
	Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>				
	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>				
	Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>				

Work Order ID 99630

99630

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April-11-13 2:26:08 PM

Item ID: 646.3713

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Gusset

Stop

NS2

Start Date: 5/24/13 Start Qty: 10.00

10

Cust Item ID:

Required Date: 5/24/13 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

220

QC21- Final Inspection - Work Order Release

0.00

220

QC

Quality Control

Memo

0.00

NCR: Yes / No

DQA: Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
Part No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
NCR No. _____			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
Work Order Update <input type="checkbox"/>		Large Fab <input type="checkbox"/>		Composite <input type="checkbox"/>		Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>							
Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>							
Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>							
Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>							
Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>								
Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>								
Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>							
Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>									
Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>									
Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>									
Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>									

Picklist Print

April-11-13 2:26:08 PM

Page 1

Work Order ID: 99630

Parent Item: 646.3713

Parent Item Name: Gusset

Start Date: 5/24/13

Required Date: 5/24/13

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A 12.10.22 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M6061T6S.063 6061-T6 .063 Sheet		Purchased	No			110	sf	232.8625	0.299	3.147368			JM13-07-30

Location	Loc Qty	Loc Code
----------	---------	----------

MAT021 232.8625

123135 120.5625

124003 112.3

124003

(24003)

NCR: Yes / No

DQA: Date: . . .

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
				Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
				Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
				Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

Parent Item ID	Reason	Lot Qty	Lot Nbr	Lot Trans Date
M6061T6S.063		99630	-3.5	124003 4/18/13 17:27



DART AEROSPACE LTD	Work Order:	99630
Description: Gusset	Part Number:	646.3713
Inspection Dwg: 646.3700 Rev: A		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

10

Measured by:	JM	Audited by:	SG	Preliminary Approval:	
Date:	13-4-18	Date:	13-4-19	Date:	

Rev	Date	Change	Revised by	Approved
A	12.11.27	New Issue	KJ	 



APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE NO. 03702				SHEET 1 OF 2	
	DWG NO. 646.3700	REV: A	PREPARED BY B. PETERS	DATE: 11/15/12	EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.	
DWG TITLE: SHEETMETAL						
APPROVED BY:	ENGR: <i>[Signature]</i>	MFG: <i>Darrin Baker</i>	QC: <i>[Signature]</i>	EFF: NEXT ORDER		
TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE	REASON: ADDED ALTERNATE MATERIAL AND REVISED REFERENCE DIMENSIONS				EDR:	D-12-010

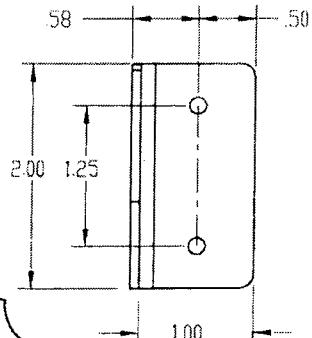
SHEET 1, ZONE A2 IS:

*99480
11/13-04/16*

IS

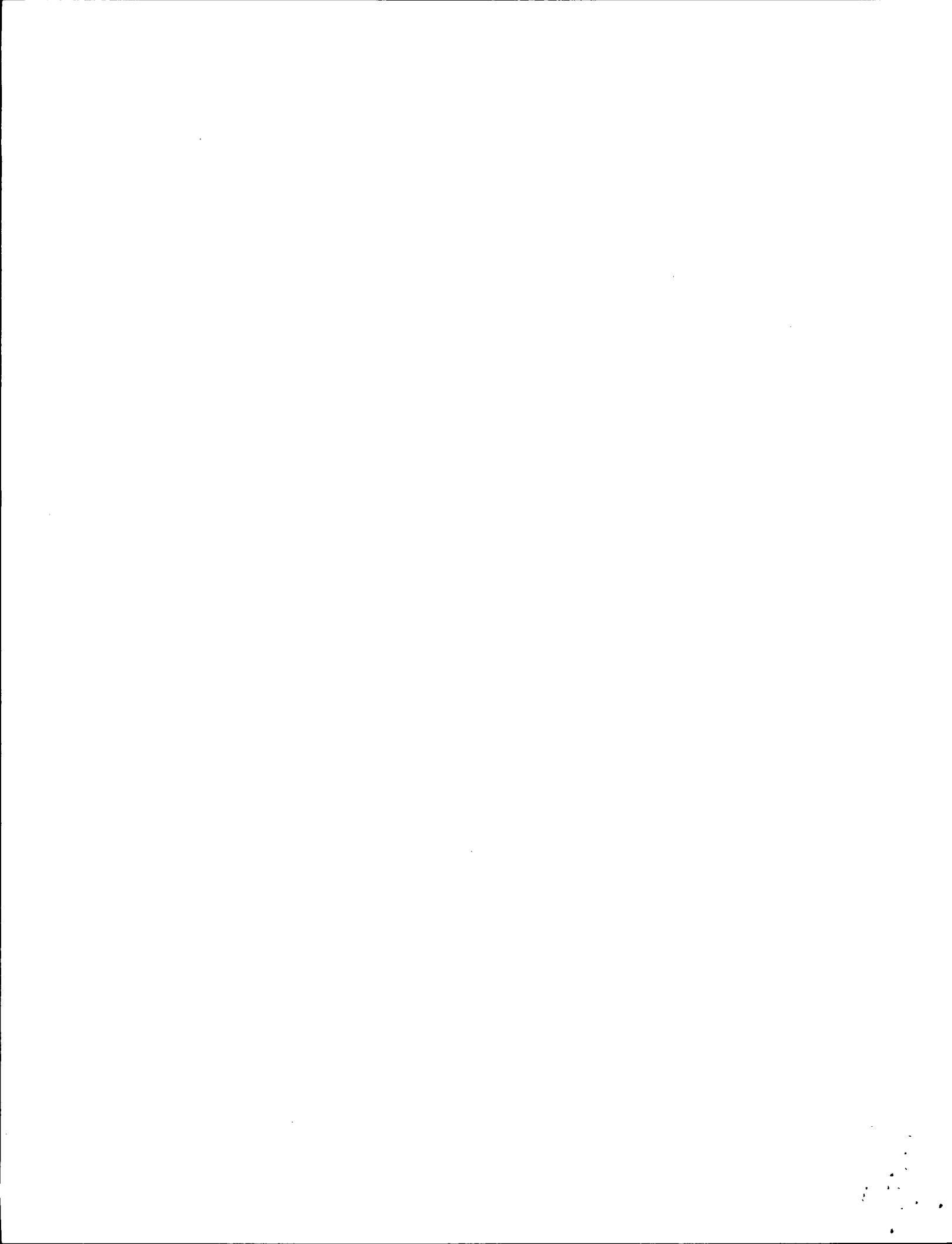
PRIMARY MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11
ALTERNATE MATERIAL: SS 17-4 PH PER AMS 5604

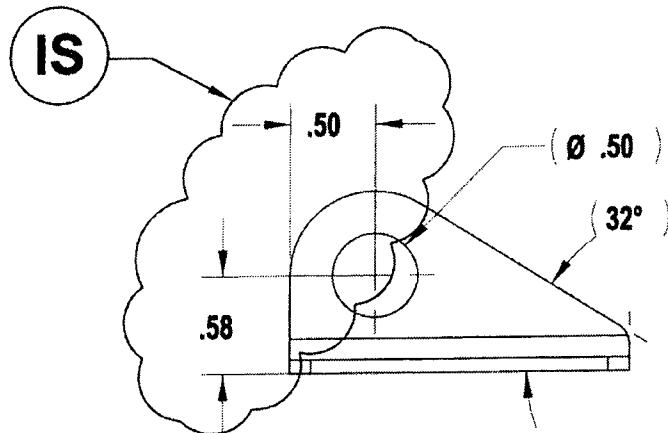
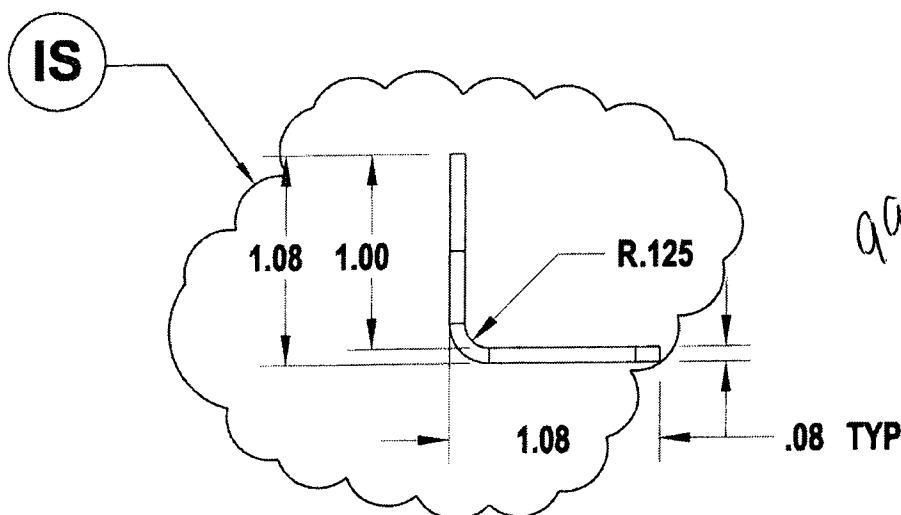
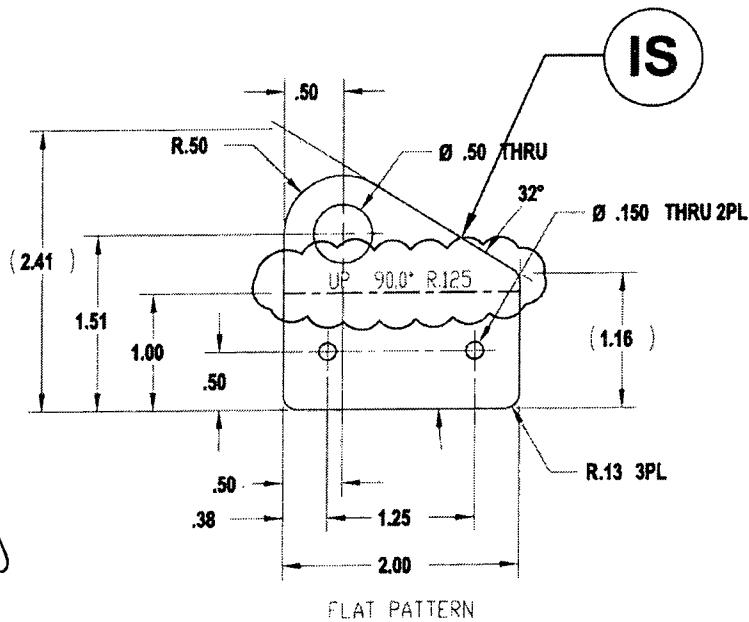
IS



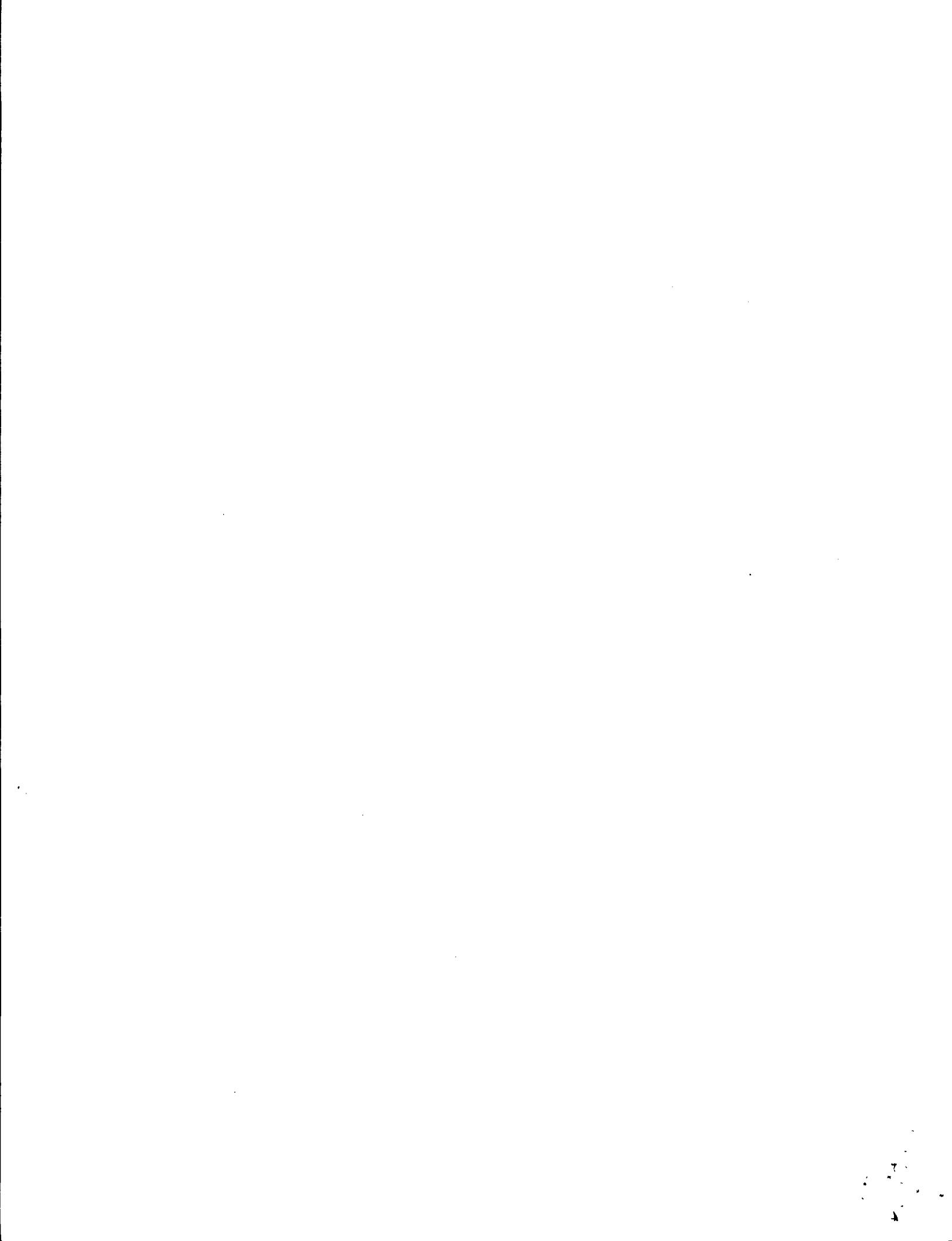
SHEET 7, ZONE B1 IS:

F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL	SPECIFICATION
DOCUMENTS EFFECTED:				<input type="checkbox"/> RFMS <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input type="checkbox"/> ICA <input type="checkbox"/> BOM	CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO



**SHEET 7, ZONE C4 IS:****SHEET 7, ZONE D1 IS:****SHEET 7, ZONE B7 IS:**

F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION
-----	----	-------------	-----	-------------	------------------------



1 2 3 4 5 6 7 8
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REF.	INVENTION NO.	DATE	APPROVED
8	APICAL INDUSTRIES	01-03-29	#25

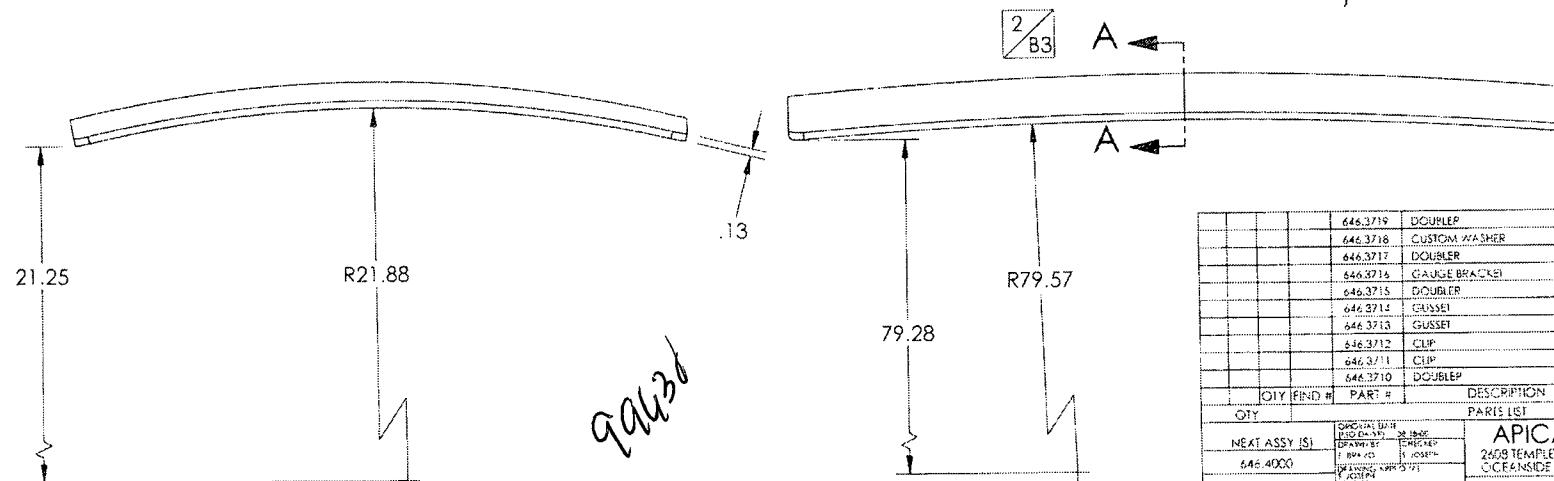
NOTES:

- 1 MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11
- 2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK; CARDINAL 4860-50 PRETREATMENT PRIMER PRIME IAW MIL-P-23377J TYPE I CLASS N
- 3 MATERIAL: 17-4 PH AMS 5604, CONDITION H900
- 4 FINISH: PRIME IAW MIL-P-23377J TYPE I CLASS N
- 5. DEBURR AND BREAK ALL SHARP EDGES
- 6. IDENTIFY IAW MPP-120

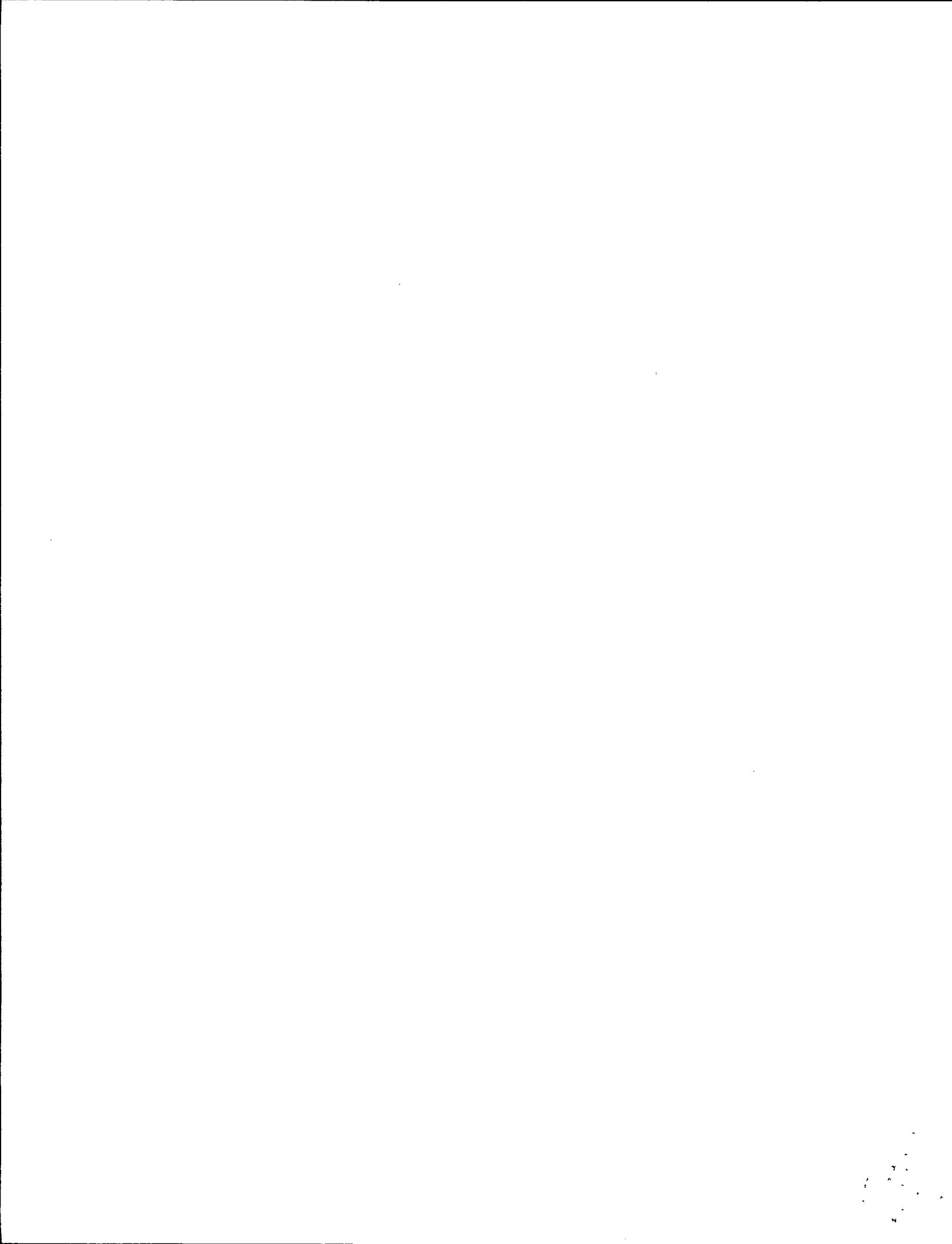
646.3710

UNINCORPORATED ECN(s)

03702

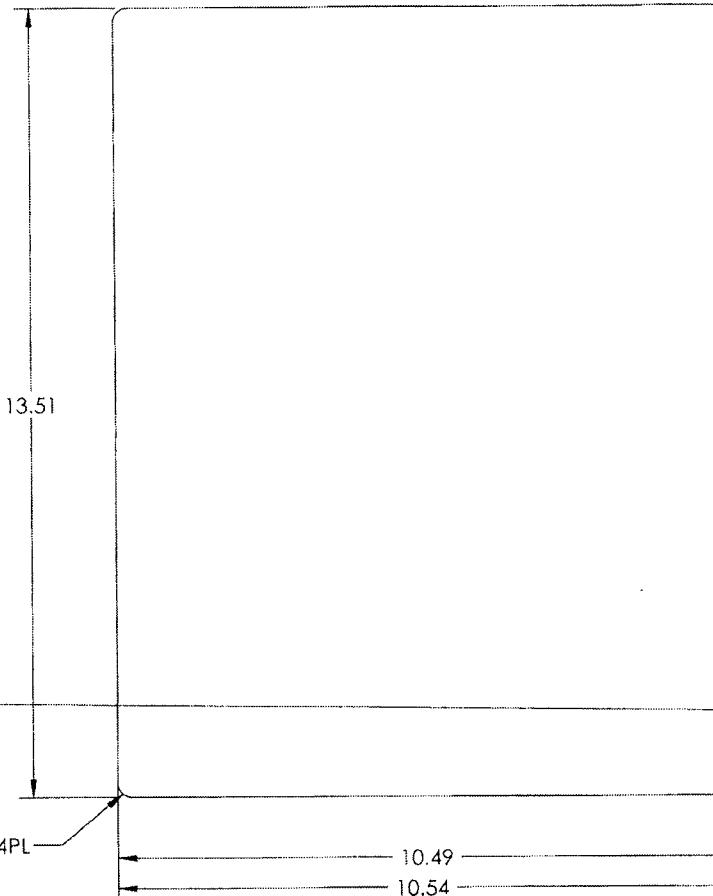
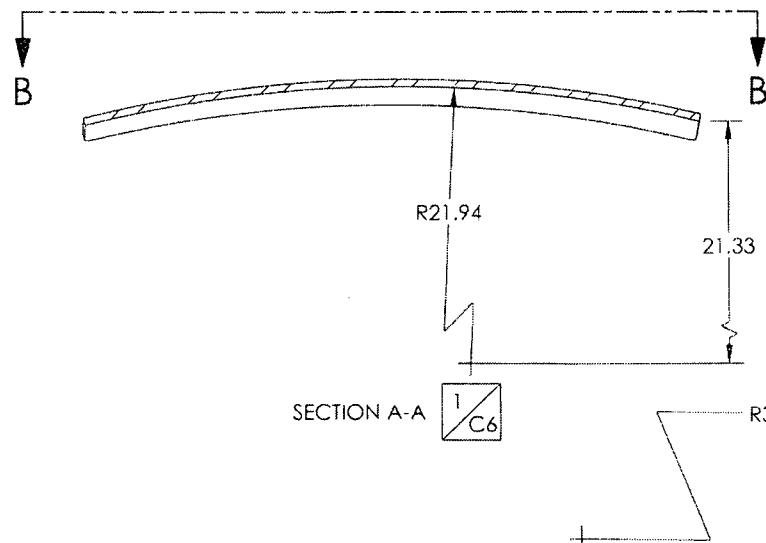


QTY	ITEM #	PART #	DESCRIPTION	MATERIAL	SPEC.
PARTS LIST					
	646.3719	DOUBLER			
	646.3716	CUSTOM WASHER			
	646.3717	DOUBLER			
	646.3718	GAUGE BRACKET			
	646.3719	DOUBLER			
	646.3712	CLIP			
	646.3713	GUSSET			
	646.3714	CLIP			
	646.3715	CLIP			
	646.3716	CLIP			
	646.3717	CLIP			
	646.3718	CLIP			
	646.3719	CLIP			
	646.3720	DOUBLER			
APICAL INDUSTRIES					
2409 TEMPLE HEIGHTS DR. OCEANSIDE CA 92056-3512 (760)724-5300					
SHEETMETAL					
646.3700					
SCALE: NONE					
SHEET: 1 OF 9					

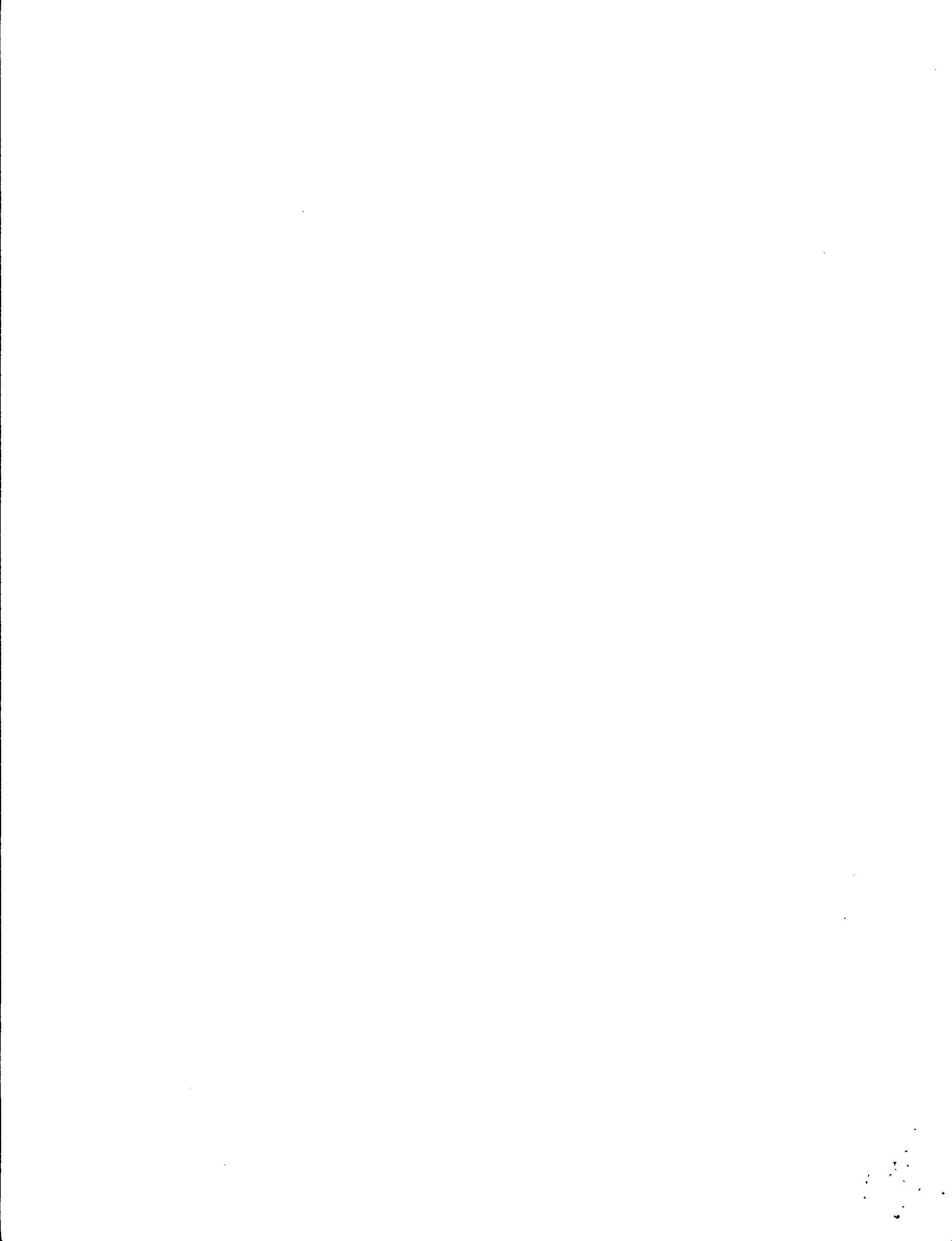


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99430



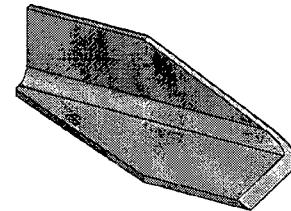
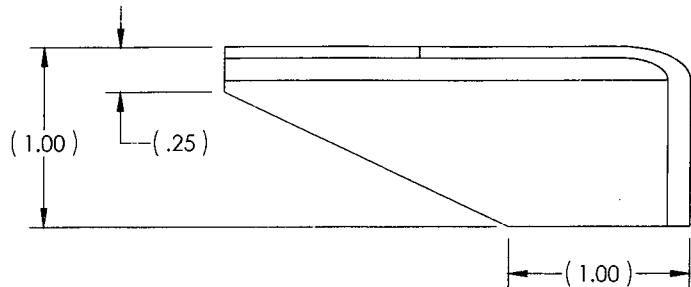
SECTION B-B



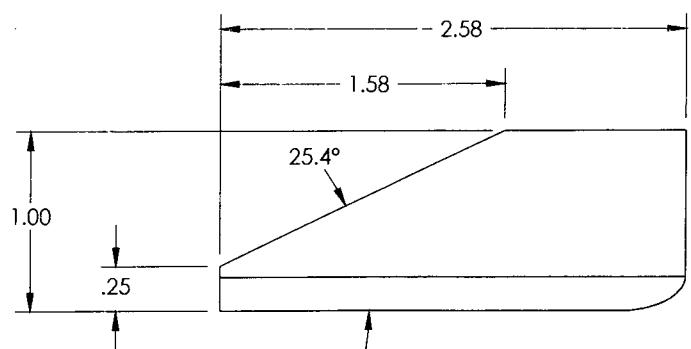
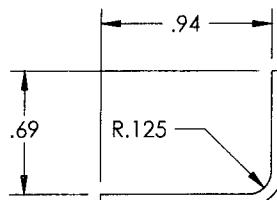
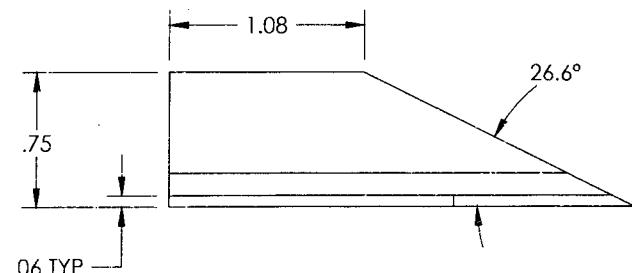
1 2 3 4 5 6 7 8

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REVIEWS			
REV	DESCRIPTION	DATE	APPROVED



646.3711 SHOWN
646.3712 OPPOSITE



PG430

NEXT ASSY (S)	ORIGINAL DATE	08-18-06
	DRAWN BY	CHEKED S. JOSEPH
	REVISED BY	P. BRAVO
	APPROVAL	08-18-06
	CONTRACTING	
	UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: ±.01 3 PLACE DECIMALS : .005 ANGLES : ± 3°	
	SIZE	CAGE CODE
	8	07M26
		DWG. NO.
		646.3700
		REV
		A
	SCALE: NONE	SHEET 3 OF 9

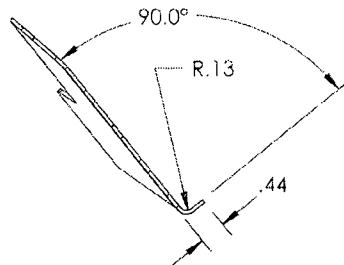
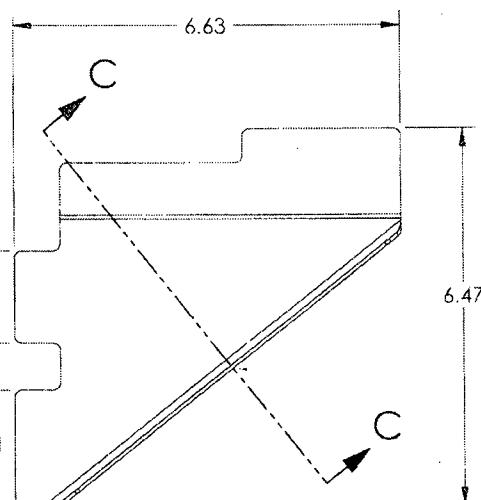
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PENSIONS			
REF	DESCRIPTION	DATE	APPLIED FOR

2

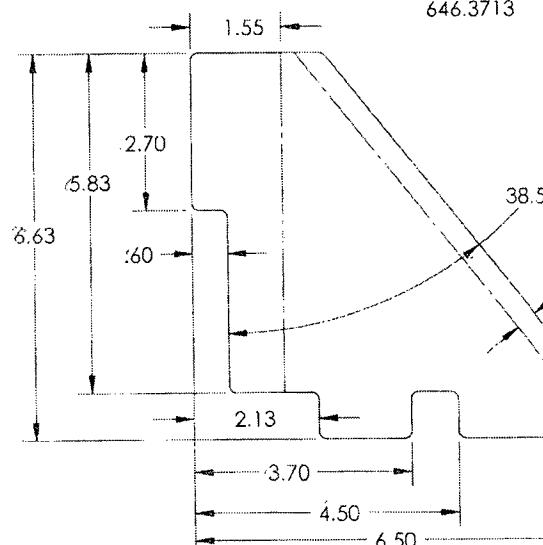
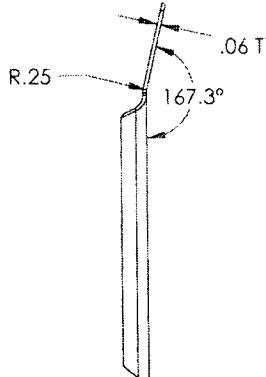
11

6



SECTION C-C

9943 0

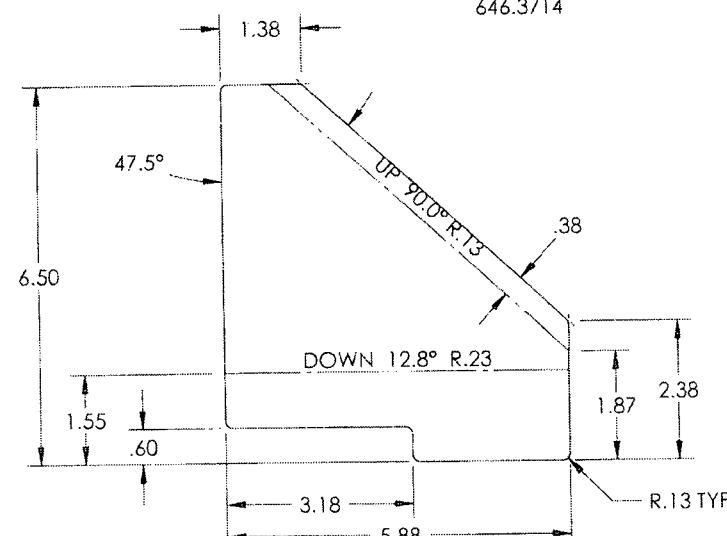
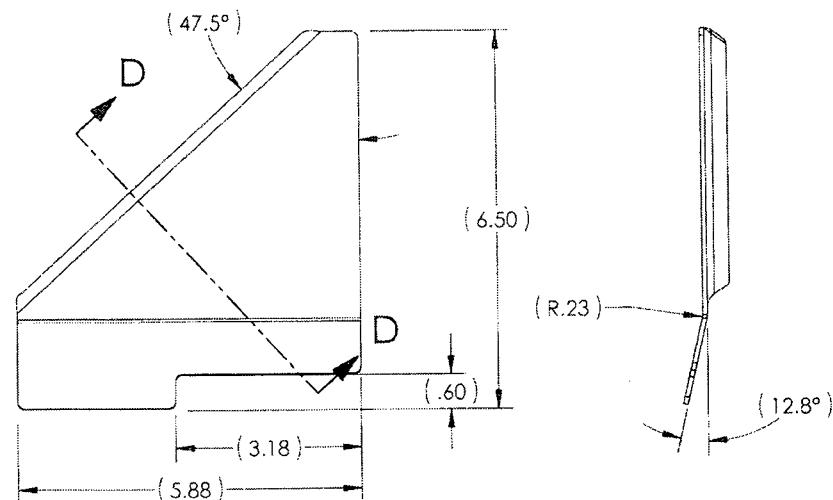
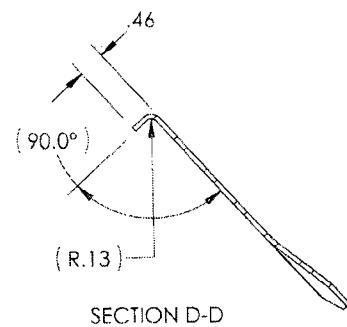


FLAT PATTERN



1 2 3 4 5 6 7 8
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BY LAW. TRANSFER OF APICAL INDUSTRIES IS PROHIBITED

REF. NO.	DESCRIPTION	SCALE	APPROVED



99630

DRAWN BY	IN CHARGE	APPROVED
SPEC. BY	RECHECKED	RECHECKED
SP. NO.:	RECHECKED	RECHECKED
DRAWING APPROVED		
DATE 10/20/08		
CARTON NO. 1		
APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300		
SHEETMETAL		
SCALE 1:1		
CAGE CODE 646.3700		
DATE 10/20/08		
SCALE 1:1		
SHEET 5 OF 5		

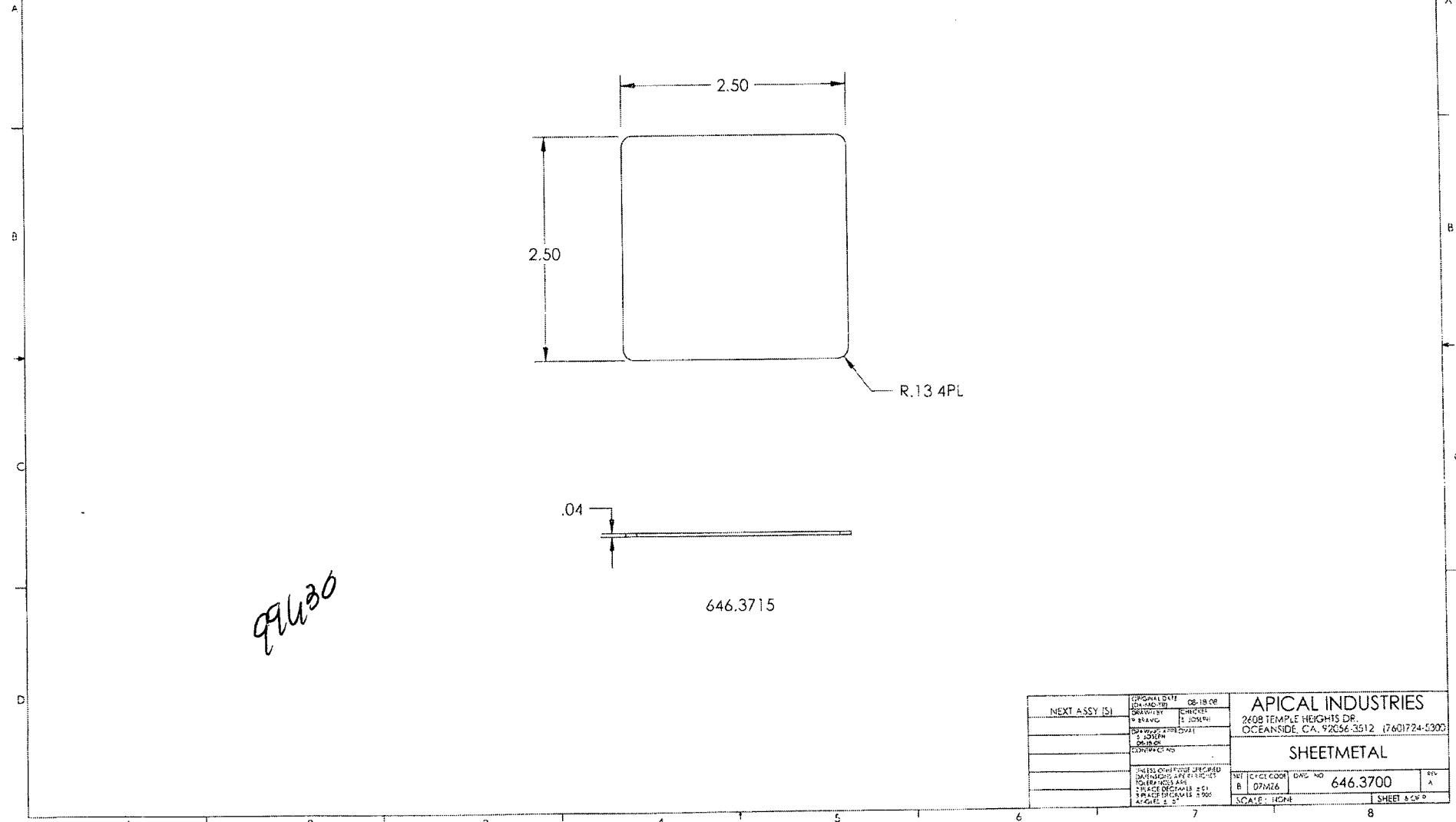


1 1 2 3 1 4 1 5 1 6 1 7 1 8

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1 2 3 4 5 6 7 8

REF: 1 DESCRIPTION: 2 DATE: 3 APPROVED:



NEXT ASSY (S)		08-18-00	APICAL INDUSTRIES
DRAWN BY: CHUCK REV'D: 1.0		2608 TEMPLE HEIGHTS DR.	
DESIGNED BY: CHUCK TOLERANCES: .010		OCEANSIDE, CA. 92056-3512 (760)724-5303	
COPROOFED BY: CHUCK			
REVISIONS ARE LISTED TOP REVISION IS THE LATEST		REV: A	
DATE DRAWN: 08-18-00 DATE REV'D: 08-18-00 DATE APPROVED: 08-18-00 REVISION: 1.0		646.3700	
SCALE: 1:1		1 SHEET & CWD	



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THIS DRAWING IS AN AGREEMENT IN WRITING.

REASON		DATE	EMPLOYEE
PER	DESCRIPTION		
7			8

6

11

2

10

6

1

• 100 •

A technical drawing of a rectangular frame. The top horizontal dimension is labeled $(.58)$ with a double-headed arrow. The left vertical dimension is labeled 1.25 with a double-headed arrow. A vertical line is drawn inside the frame, intersecting the top and bottom edges. Two circles are positioned on this vertical line, one near the top and one near the bottom.

646.3716

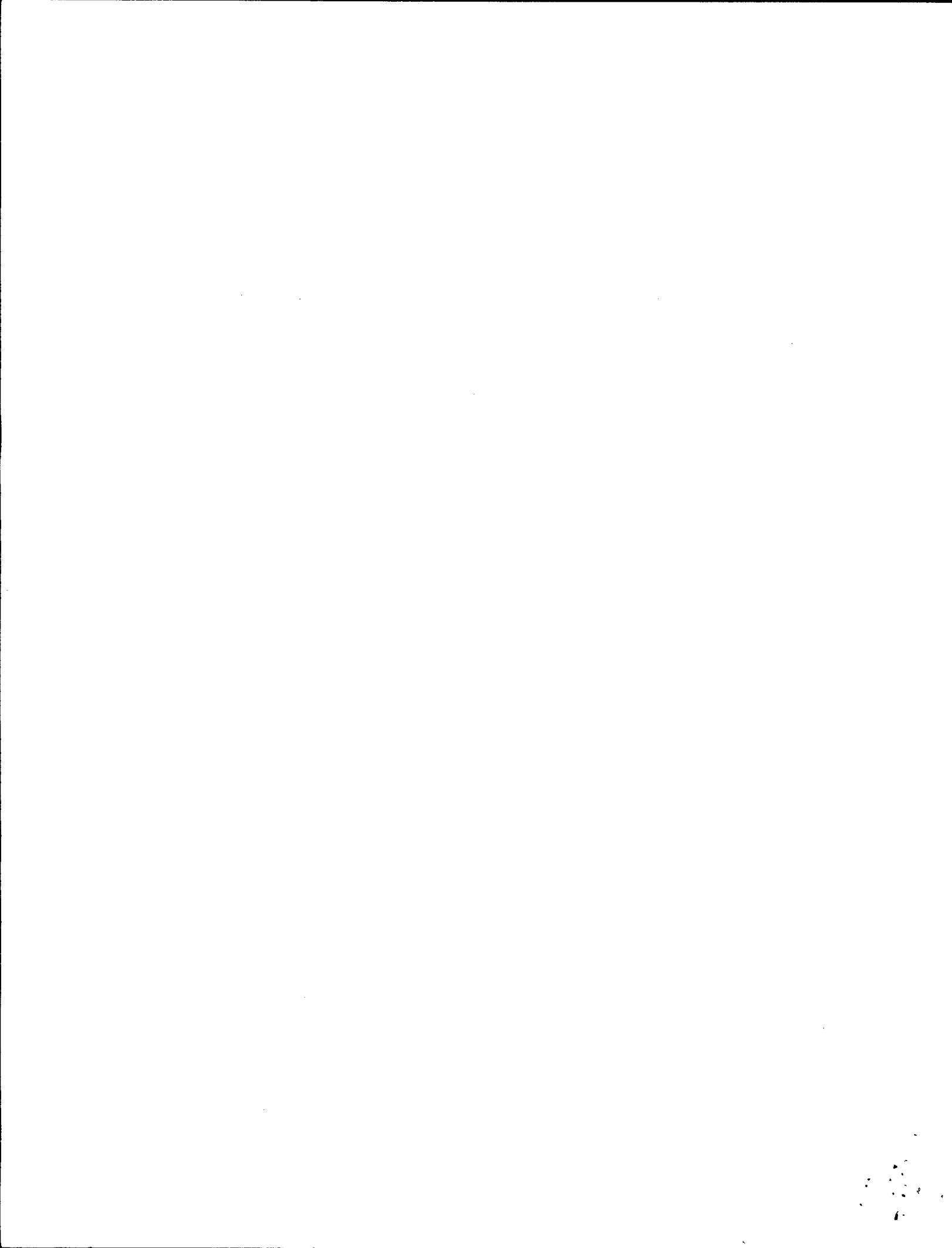
gali³⁰

Technical drawing showing a stepped profile. The top horizontal distance is labeled (1.08) and (1.00). The vertical height of the first step is (R.13). The bottom horizontal distance is labeled (1.08). A note on the right indicates a thickness of .08 TY.

Technical drawing of a mechanical part with the following dimensions and features:

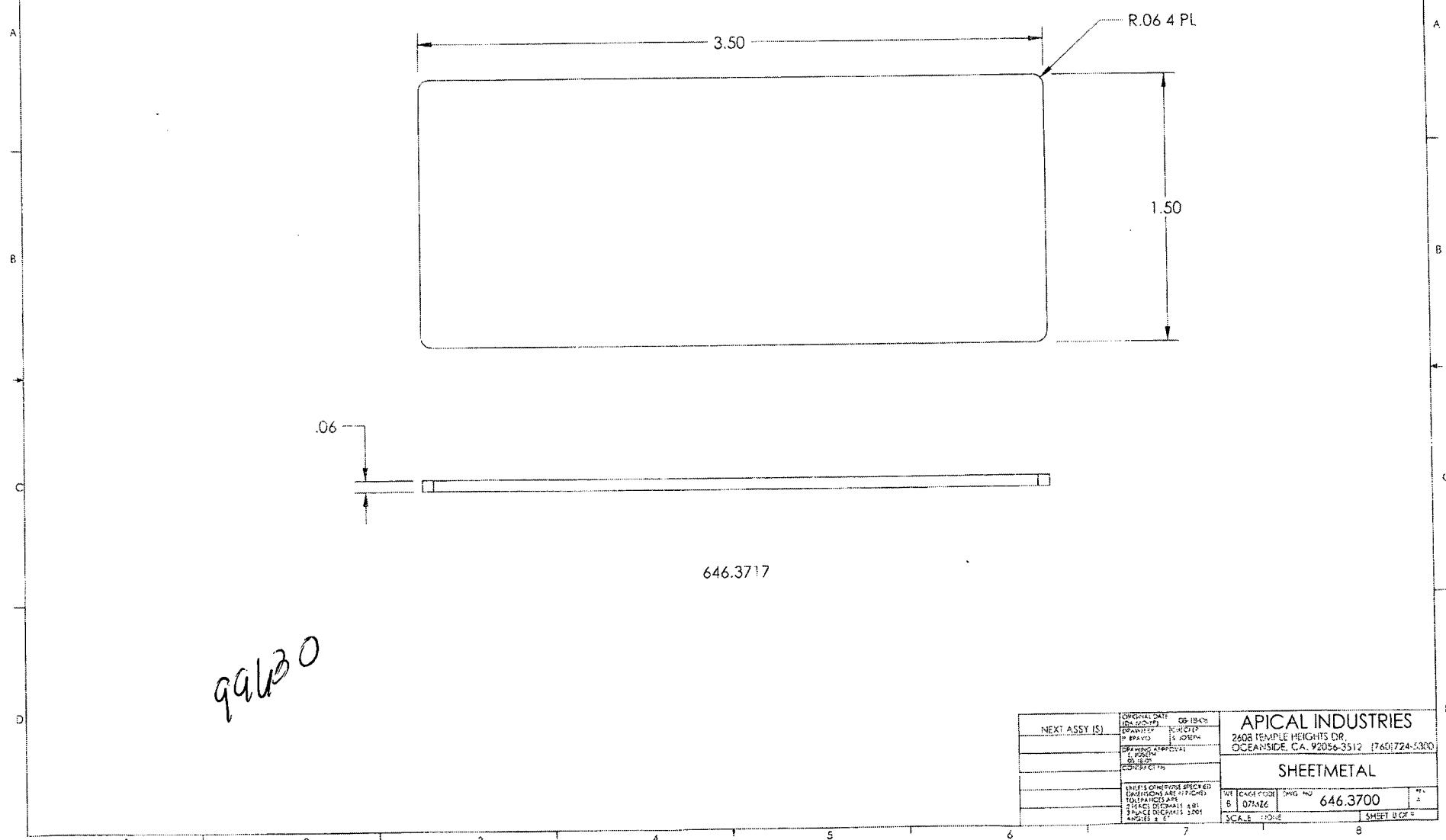
- Overall height: 2.41
- Left side height: 1.51
- Left side width: 1.00
- Left side thickness: .50
- Top horizontal width: .50
- Bottom horizontal width: .38
- Bottom horizontal thickness: 1.25
- Bottom horizontal height: 2.00
- Left side vertical width: .50
- Left side vertical height: 1.16
- Top left corner radius: R.50
- Top right corner radius: R.13
- Bottom right corner radius: R.13 3PL
- Top center hole diameter: .50 THRU
- Bottom center hole diameter: .150 THRU 2PL
- Bottom center angle: 32°
- Bottom center offset: UP 90.0° R.13

FLAT PATTERN

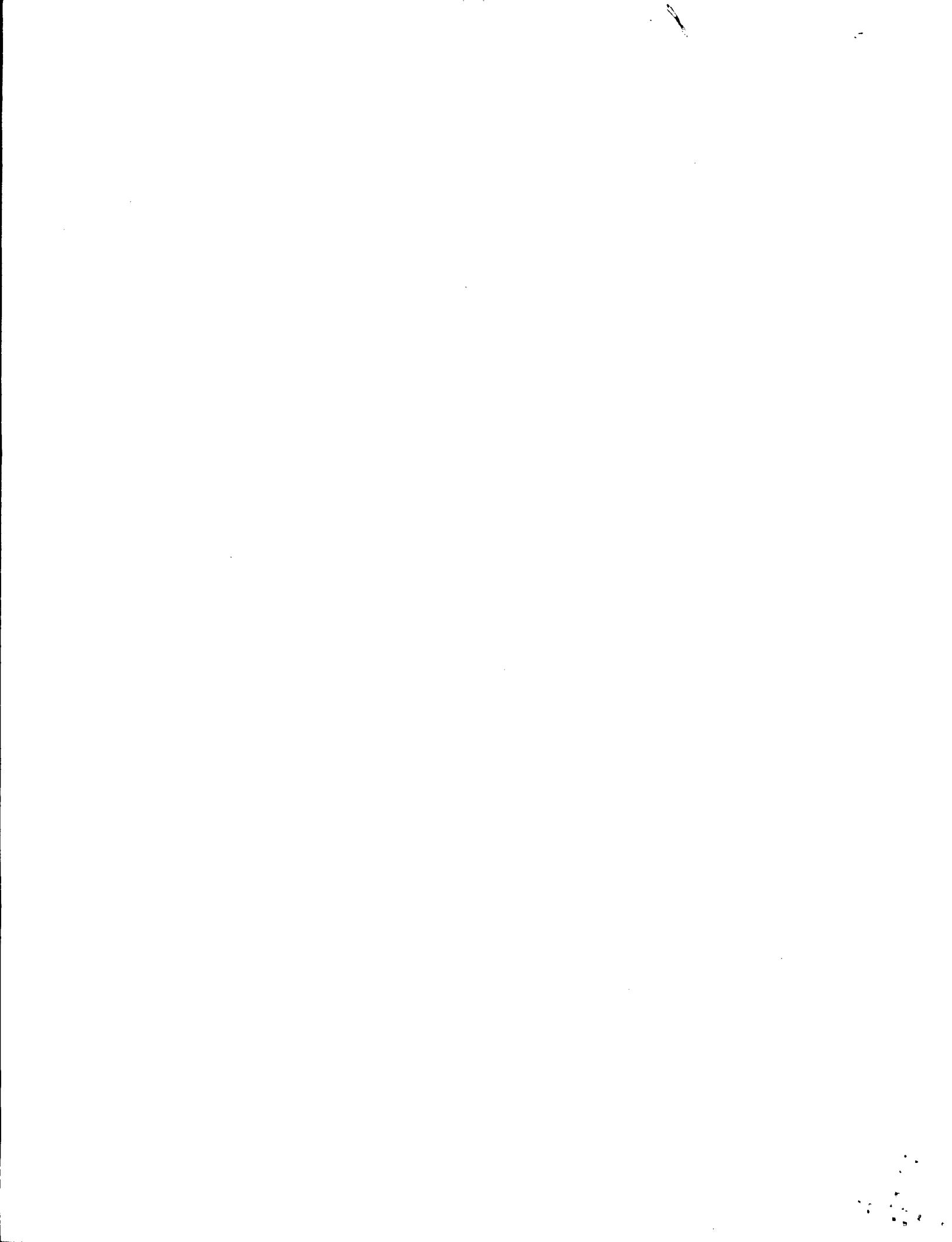


1 1 2
3 1 4 1 5 1 6 1 7 1 8
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REVISIONS
REV. DATE APPROVED
1 2 3 4 5 6 7 8



NEXT ASSY (S)		ORIGINAL DATE 06-18-95	APICAL INDUSTRIES
DRAWN BY M. BRAVO		DESIGNED BY S. JONES	2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300
DRAWING APPROVAL 03-20-95		CONTRACTS	
DRAWING CHECKED 03-20-95		SHEETMETAL	
DRAFTSMAN'S SPECIFICATIONS DIMENSIONS ARE IN INCHES TOLERANCES ARE AS PER ASME Y14.5M-1994 FLANGE DEGREES AND ANGLES IN C		WE CAGE CODE B 071426	DRAWING NO. 646.3700
SCALE 1:1000		1 SHEET 8 OF 8	

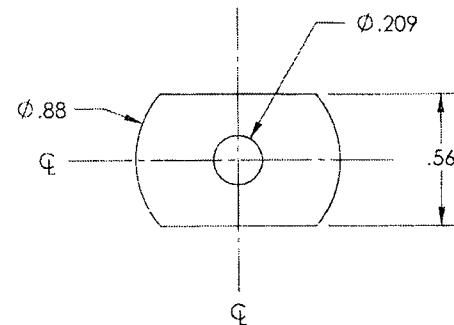


1 2 3 4 5 6 7 8

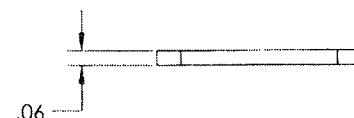
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REV	DESCRIPTION	DATE	REVISIONS

A



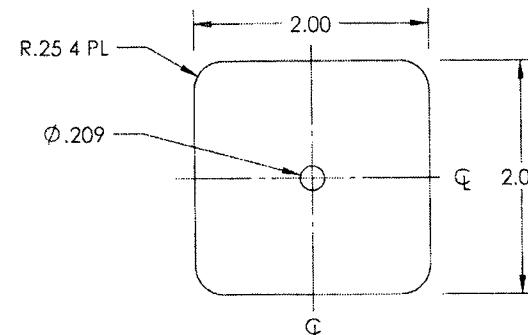
B



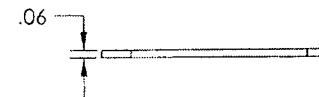
646.3718

qq630

C



D



646.3719

NEXT ASSY (S)	DRAWN BY: SB-1543	
	P. BRAVO	S. JOSEPH
DESIGN APPROVAL		
DATE ISSUED		
REVISIONS		
UNLESS OTHERWISE SPECIFIED DIMENSIONS IN INCHES 2 PLACE DECIMALS 1 PLACE DECIMALS FOR ANGLES & RADII	1	2
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Pack List

Number: 62506

Date: 15-Jul-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
1 lot	Part: ASST 6 PCS D2224 RED ANODIZE MIL-A-8625 TYPE II CLASS 2 1 PC 647.0410 10 PCS 646.3110 20 PCS 646.3712 11 PCS 646.3713 8 PCS 647.9312 30 PCS 647.9313 9 PCS 647.9314 1 PC 647.9317 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 PRIME MIL-P-23377J TYPE I CLASS N Job: 20130436 PO: 20215 Line:
	Certificate of Conformance A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order. ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY DATE: <u>15/7/13</u> CERTIFIED SIGNATURE: <u>M</u> RECEIVER SIGNATURE: _____

